Morbid Obesity Surgery

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The Problem

- Obesity Defined:
  - >30lbs (12 kgs) overweight (BMI >30 kg/m2)
- 300 million people world wide
- 2/3 Americans (200 million)
  - 1999 – 19%
  - 1991 – 12%

Morbid Obesity

- >200% Ideal Body Weight (IBW)
- BMI>40
- >100lbs (40kgs) overweight

- 6% of Americans
- 200,000 operations annually

Comorbidities

- Diabetes
- HTN
- Sleep Apnea
- DJD
- GERD
- Metabolic Syndrome
- Depression
- Gallstones
- Infertility
- Venous Stasis
- Polycystic Ovary Synd
- Migraines
- Pseudotumor cerebri
- Fatty Liver Disease
- Urinary Incontinence
- Gout
- Renal Disease
- Breast Cancer

Surgery is the ONLY intervention demonstrated to sustain weight loss in a majority of morbidly obese patients for > 5 years

Surgical Indications

- 1991 NIH Consensus Conference
  - >40 BMI
  - >35 with comorbidity (DM, HTN)
  - Unsuccessful non-operative weight loss
  - Dietician/Mental Health Clearance
  - No Medical Contraindications

Contraindications

- Active Duty Military
- History of VTE
- Non-Ambulatory
- Smoking
- Uncontrolled psych disorder
  - Depression
  - Bipolar
- Cancer
- Chronic pain

Post-Op Requirements

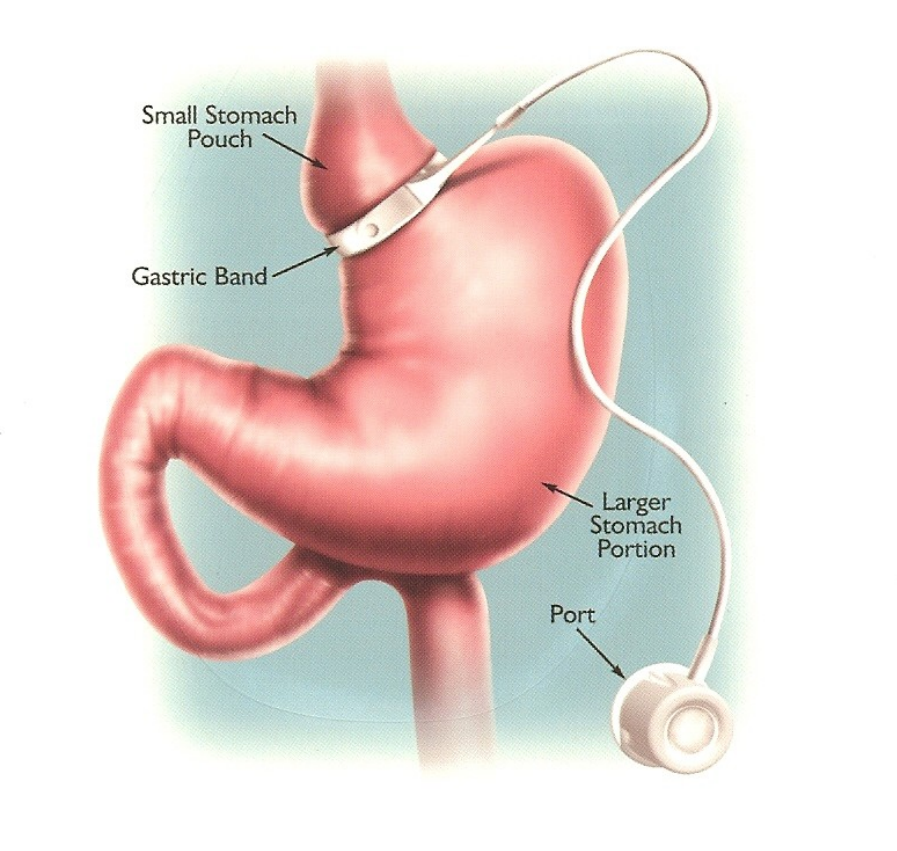
MVI w/ Fe

- Calcium
- B12
- Focus on protein
- Exercise
- NO PREGNANCY for 12-18 months
- Support Group
- Many elect plastic surgery

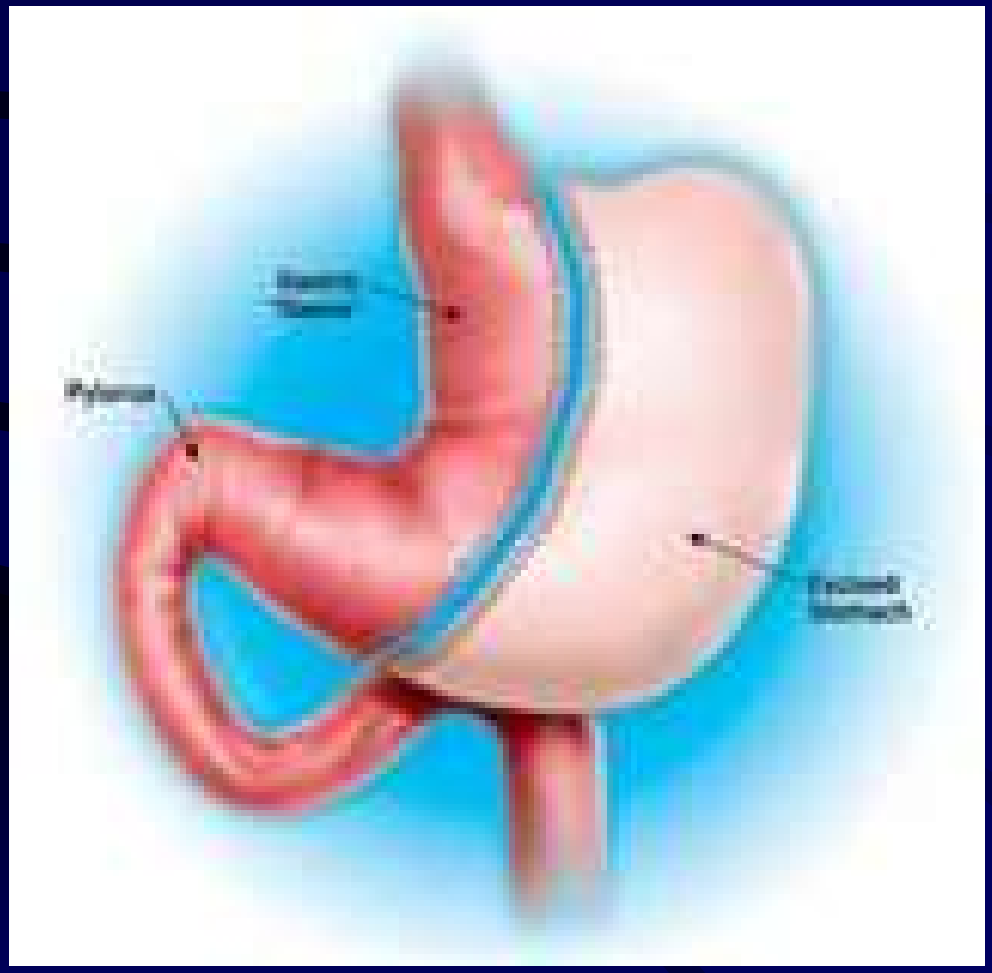
Surgical Options

- Restrictive
  - Lap Band (LAGB) - 20%
  - Gastric Sleeve (GS) – 5%
- Malabsorptive – (BPD+DS) -5%
  - Biliopancreatic Diversion + Duodenal Switch
- Combined
  - Gastric Bypass (GBP) - 70%

Lap Band

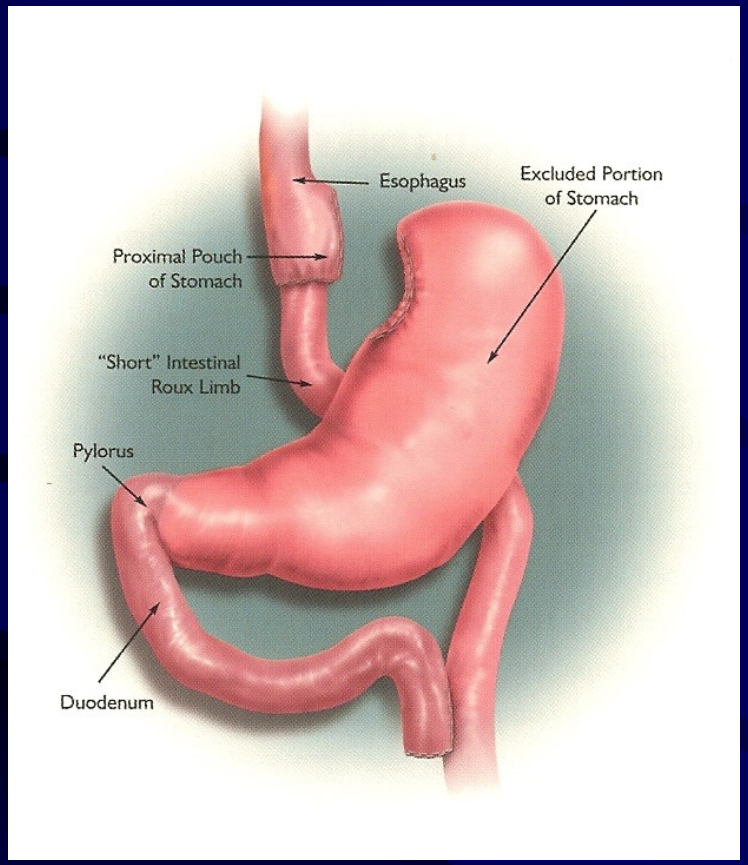

Small Stomach Pouch
Gastric Band
Larger Stomach Portion
Port

Gastric Sleeve



Biliopancreatic Diversion + Duodenal Switch

Gastric Bypass



Morbidity – 15%

- Early – VTE, Sepsis, bleeding
- Late
  - Dumping
  - Vomiting
  - Gallstones
  - Ulcers
  - Stenosis
  - Bowel obstruction
  - Nutritional

Mortality

- PE
- Sepsis
  - Leak – 1-7%
  - Pneumonia
- LAGB – 0.1%
- GBP – 0.5%
- BPD+DS – 1.1%

Mortality Risk

- Male gender
- > 45 yrs
- BMI > 50
- Hypertension
- High VTE Risk

- 0-1 = 0.31%
- 2-3 = 1.90%
- 4-5 = 7.56%

Results (GBP)

- 75% patients lose and maintain >50% EBW
  - 10-15% failure (decreased loss or regain)
- 82% CAD risk reduction
- 30-40% reduction in 10 year mortality
- 95% improved Quality of Life

Results

Gastric Bypass	Lap Band
EBW lost - 77% in 1-2 yrs	50% in 2-3 yrs
DM resolved – 80%	60%
HTN resolved – 79%	60%
OSA resolved – 84%	70%
HLD resolved - 70%	50%
CAD Risk Reduction – 82%	60%

Results (GBP)

- >50% resolution of:
  - Depression
  - GERD
  - Metabolic Syndrome
  - DJD
  - Venous Stasis Dz
  - Polycystic Ovaries
  - Migraines
  - Pseudotumor Cerebri
  - Fatty Liver Dz
  - Urinary Incontinence
  - Gout

Questions???